Strategy Research

COST OF WAR: CAN THE DEPARTMENT OF DEFENSE AFFORD THE BILL?

BY

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USAWC STRATEGY RESEARCH PROJECT

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ABSTRACT

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Much has been reported in the news about the cost of the current war in Iraq and Afghanistan. Daily accounts of what Congress has identified in Supplemental funding, how much the Department of Defense has requested, and what actions the President has taken in the process. Supplemental funding has dominated the funding process for the past 5 years and all indications are it will continue into the foreseeable future. The question facing analysts now is how much longer the United States can afford to pay for the short-term requirements and ignore the longer-term costs associated with the short term fix. Specifically, how are current combat operations influencing the Veterans Affairs organizations charged with the long term care of those who serve the nation?

What are some of the hidden costs to the War, not covered in Supplemental funds, and are we willing to demand Veterans sacrifice current benefits? This paper will focus on the issues facing Veterans Affairs Hospitals, healthcare for returning Veterans, and effects of continued deployments on Force Structure, specifically members of the Reserve Components.

COST OF WAR: CAN THE DEPARTMENT OF DEFENSE AFFORD THE BILL?

Daily news reports reference the cost to America for current combat operations in Iraq and Afghanistan. These reports include money Congress has identified in Supplemental funding, how much the Department of Defense requested, and what actions and amounts the President approved in the process. The funding already allocated for these efforts amounts to billions of dollars and the projection continues to rise into the future with no definitive end in sight. Congress continues to pay the “war” bill with Supplemental funding, normalizing it as a process in the funding cycle. This supplemental is intended to cover short-term costs involved in mobilizing Armed forces with the intent of attaining the long-term goal of a more stable Iraq and increased stability in the region. Supplemental funding does not address the longer-term financial burdens incurred due to increasing the active component force numbers and the continued support efforts necessary to sustain the war. Despite this fact, this abbreviated process has dominated the normal Department of Defense funding cycle for the past five years. Designed with the intent to serve as an emergency request for additional funding over and above projected needs of the Services, Congress has utilized Supplemental funding for all Global War on Terror funding requests. Current projections continue this style of funding for the near future. The question now being contemplated by analysts is how much longer the United States will pay for emerging requirements while ignoring the long-term costs associated with this short-term fix. Specifically, how are current combat operations affecting the Veterans Affairs organizations charged with the continued long-term care of those who served the Nation?

The financial issues that arise from focusing only on near term requirements include a cost somewhere within the federal government. While there are several “bill” payers within the government structure, suffering from the short-term fixes, this paper focuses on the long-term impact on the Veterans Administration, and the veterans they are sworn to serve.

Health Care in the United States

With an election year ahead, the political discussions and debate over the cost of health care in the United States is emerging as a major issue for political candidates. The American people are concerned about affordable health care, that ismaintaining adequate medical coverage without increasing medical costs, and most importantly, their own mortality. In the ten year period from 2004-2014, the United States population will experience the greatest growth rate in a decade for the population age 55-64 years.[1] The projection for this age group is an increase of 11 million persons to 40 million persons by 2014.[2] With advancements in modern medicine and improved medical care, the American population is living longer than previous generations. However, even with the decline in chronic illness and an increase in longevity, the American population continues to experience higher obesity rates and an increase in the number of cases of people diagnosed with diabetes.[3] The United States spends more money on health care per capita than any other country, and health care spending continues increasing at a rapid rate. Two examples of increased spending for health care by an aging population are the cost of prescription drugs and the impact of chronic diseases brought on by cardiac operations. [4] In 2003, national health care expenditures in the U.S. totaled $1.7 trillion, a 7.7 percent increase from 2002.[5] Yet, three years later,

a country so concerned about the health care, still has 15.3 percent of the population without health insurance or medical coverage for themselves or their families.[6] The hardest hit socio-economic group is surprisingly, the middle working class. Their income level precludes them from government programs, yet many lack employer sponsored group health care. This forces approximately, 16 million Americans to buy expensive individual medical policies, mainly because they cannot obtain group medical coverage through their employer and they do not qualify for public programs like Medicare or Medicaid.[7] Veterans are quickly becoming a major component within this socio-economic group as their fixed incomes dictate the levels and types of support they qualify to receive.

As the military is a subset of the population, the issues affecting the general population also affect the military force. The nation's 23.9 million Veterans are, on average, an older portion of the general population, heavily reliant on medication and medical care.[8] When considering the 14 million Veterans from World War II, Korean War and Vietnam[9], approximately 510,000 of those are age 85 or older, and the Veterans Affairs office predicts the numbers in this group to more than double to over 1.2 million by 2010.[10] Over the last decade, rising health care costs and health care issues have plagued our Veterans Affairs Hospitals. This health care system has more than five million Americans enrolled – 1.2 million more people than were enrolled in 2001 – and over 200 million drug prescriptions were written and issued in the last year.[11] An increase in medical expenses for these hospitals and a lack of available facility space forced Veterans Affairs to reduce health care coverage and benefits to the aging retired population of the Armed Forces. The availability of dependent health care

coverage declined and Veterans health centers failed to support all retirees and qualified dependents with proper medical care. To supplement the increased expenses, Veterans Hospitals instituted a number of cost sharing programs that deferred costs to members if they determine them financially able to afford a co-payment for medical treatment. Additionally, it opened a number of assistance centers (non-emergency) to defray the congestion at many of the Veterans hospitals.

Exacerbating the number of patients served in Veterans hospitals, is the introduction of the newest and still expanding group of Veterans from current Operations Enduring and Iraqi Freedom. Since 2003, the Department of Defense deployed more than one million service members to these two regions. Some Soldiers are on their second, third or fourth rotational tour of duty in the war zone. So far, more than 200,000 service members have returned from deployment from Iraq and Afghanistan and received treatment at Veterans medical facilities—three times the number of patients initially projected and anticipated by Veterans Affairs.[12] According to a Government Accountability Office study, the diagnosis for more than one-third of these Soldiers revolves around mental health conditions, including post-traumatic stress disorder, acute depression, and substance abuse.[13] Soldiers diagnosed with mental disorders often require multiple medical visits for treatment or therapy at the Veterans hospitals. This number overwhelms medical professionals considering the workload already burdening the hospitals. This leaves many administrators wondering, how will the system continue to handle the increased workload and continued patient care given the current physical challenges in the hospital system and the limited resources they receive?

Since 2003, these medical facilities have experienced problems within an already stressed system, how will they cover the medical support for the large numbers of Servicemen and women wounded in Iraq and Afghanistan? Wounded Soldiers in the last few years increased Hospital costs exponentially. TRICARE, expanded by Congress in recent years, provides military personnel with health benefits from the time of their retirement, usually in their mid-forties, to the time they become eligible for Medicare, usually at age 65. The current administration's budget proposal called for non-Medicare retirees to pay a larger share of their health-care costs and planned to adjust future rates annually for inflation, in a manner similar to the rate increase faced by civil service retirees. Though portrayed as modest fee adjustments, opponents say the action would double or triple health care premiums for three million military retirees, and break the nation's promise to provide affordable health care to military families.[14]

Veterans Hospitals receive funding directly from Congress. Since 2003, they have received approximately $1.8 billion in Supplemental funds to support Soldiers injured from actions in Iraq and Afghanistan.[15] While helpful in addressing short term needs, funding in this manner does little to alleviate or address longer-term issues related to providing extended care. Additionally, since Supplemental Budget requests for Veterans in support of the Global War on Terror are most likely to receive Presidential signature, Congress has also utilized this opportunity to increase or "fatten" the budgets and include "pork" budget issues benefiting their home districts.[16] Thereby increasing the debt identified as the Global War on Terror to an already debt laden situation. This process gives the general population the impression that all funding dollars identified in the Supplemental are somehow supporting the Wars in Iraq and Afghanistan. When in

actuality the monies received are insufficient to support Veterans Hospitals and the rising costs for medical expenses and prescription drugs. Americans receive a false impression on the true uses of the increases required in federal funding for the War. The Defense Department does present one or two major items affecting the increase in the Budget, however, it fails to identify the long-term expense from health and medical care adequately to the American population.

As the war continues, casualty numbers continue to rise. From the start of Operation Iraqi Freedom (Iraq) and Operation Enduring Freedom (Afghanistan), for every fatality, there have been 16 injuries.[17] These numbers exceeded statistics and projections for the percentage of participants compared to past conflicts. The Soldiers of today, treated in the Veterans hospitals, are either medically evacuated for treatment unavailable in the war zone or are in need of long-term care for further medical treatment. Treatments range in function from physical rehabilitation to mental health disabilities directly attributed to combat zone events or actions.

A proposed solution to offset and cover rising costs in medical service came in the 2007 Budget proposal with unprecedented increases in fees for Military Retirees. The President proposed an increase in fees for military retirees using TRICARE, the military's managed care health program.[18] President Bush's Budget more than doubled the co-payment to Veterans for prescription drugs, and added a requirement to pay a new fee of $250 a year for the privilege of using government health care.[19] These fees target a population on fixed incomes who began their financial planning at a time when "health care for life" was part of their contract with their uniformed service.

Increasing health care fees for retired personnel sends the wrong message to those in uniform, many of who spent their career defending our country. The Health care commitments made to our service men and women need continued funding in the budget. Instead, the budget proposal cuts funds where they are most needed. Now is not the time to impose a veterans' tax on those who served our nation.[20]

A Congressional report published in November 2007, indicated the cost for Veterans medical benefits for Soldiers returning home will understandably increase as units return and future force reductions in the region continue.[21] This implies that we have yet to witness the impact of the long-term effects this war will have on the American population. Funding requirements reported to Congress from Department of Defense in the Supplemental, support the costs of the war-fighter in the war effort, the cost of deployment, (payroll, and sustainment items such as food, housing, and supplies) while in a foreign country. However, this list only partially covers the costs identified to support the wounded war-fighters as they return to the United States. Department of Defense and the Veterans Affairs Hospitals budgeting cover only a portion of the total costs of the Iraq and Afghanistan war. The Veterans Affairs Administration, an organization financially challenged to meet increased requirements with money projected only for the aging veteran populations from the cold war era has absorbed the balance of the costs for all Veterans. When taken as a whole these items offer a more complete representation of the total costs of the wars in Iraq and Afghanistan. The question remains, how will the federal government financially support the continued long term costs associated with current operations.

Veterans Affairs receives funding through the President's Budget as part of discretionary spending for the Government. This agency receives only a small portion or percentage of the overall funding "pie". This portion of the President's Budget for Veterans Affairs establishes funds for the organization through the Congressional Appropriations process. Discretionary funding is supported directly by tax revenues paid by American citizens. Additionally, Veterans Affairs utilizes TRICARE and insurance payments from individual veterans to supplement medical costs for treatment. The Government Federal Debt apportions funding for organizations through the President's Budget, over and above the amount received through taxes and federal income. Essentially monies paid to organizations over and above the Federal Income pays out on a master credit plan for the United States. The United States Government increases this continuous credit debt to the World with money spent on War efforts over the last few years. In lay-mans terms this process translates to overspending what you have by incurring debt on a credit system. No money officially changes hands, but debt increases and contributes to the overall National Debt.

Cost to Soldiers

The United States Soldier pays more than just money into this War debt. Multiple deployments require personal sacrifices on the part of Soldiers and their families. The emotional cost to the service members, while subjective in nature and difficult to measure, cannot be dismissed. The rate of divorce, incidence of depression, mental illness, and physical hardships, all indicate a growing strain on the Soldier family system. For those in the Army, the price paid – apart from the physical toll of the killed and wounded – is high indeed. Recent articles in The Army Times indicated divorce

rates have increased for service members, nearly doubling over the past four years. Long deployments – and, especially, repeated deployments – take a vicious toll on personal relationships.

Chaplains, psychologists and other mental health professionals are aware of the many dangerous factors that accompany wartime deployment. Loneliness, financial problems, drug or alcohol abuse, depression, post-traumatic stress disorder, problems facing a parent left at home to care for children, are only some of the challenges contributing to the already enormous problem of adjusting to the devastation of wartime injuries. The emotional impact to the families of deployed Soldiers implies the cost of deployment not only affects the Soldier, but also, reaches out to members of the immediate and extended families. Divorce, financial stress and bankruptcy, child rearing difficulties and overall stress levels on the families continue to rise. Concern over these items and those associated with them cause the Soldier to split focus between defense of the nation and the wellbeing and care for the family.

Compounding the emotional drain and stress on families is the challenge of the payroll system. Noted as problematic during the first Gulf War, advances in the system were negligible in subsequent years to address the issues of multiple non-integrated payroll systems. The mobilization of Reserve Component Soldiers has presented a large number of challenges for these antiquated payroll systems. Dropping service members from the Reserve Component and adding them into the Active Duty system produces a host of problems for the force. Based on the existing operations the Department of Defense's payroll system, first developed in the 1970s, and was placed under a tremendous strain. [22] The system tracks thousands of Soldiers in the Army,

Army Reserve and National Guard – as well as other services – who have deployed through multiple rotations in and out of Iraq, Afghanistan, Korea and various other operational locations around the World. The strain of this maneuver has proven too much for the system to handle. In 2005, the Government Accounting Office reported flaws in the Department of Defense payroll system resulting in $1.5 million in military debt. This debt was primarily a result of overpayments to over 1,300 Soldiers wounded or killed in action. [23] It has never been officially reconciled.

Families, dependent on financial support, often miss paychecks and are unable to support basic needs without outside assistance. The burden of multiple deployments push a younger spouse to move home and live with parents or relatives in order to get the necessary support needed financially and emotionally for those not accustomed to living alone. Many of these pay issues were a matter of correcting a payroll code type in the system, enabling the bulk of the paycheck to still be paid to the member. Allowing for the fact that policy dictates many of the special incentive pays (Combat, Hazardous duty, and Separation) are implemented following a number of days in the Combat zone, Reserve pay is plagued by several months delay in implementation because of payroll submission cycles. These inflexible cycles cause Service members and their families to bear these financial burdens brought about by a defense payroll system and bureaucracy that has failed to evolve to meet changing requirements. Fixing this problem requires development of a program and database allowing (all components) active duty, Reserve and National Guard to function together on the same payroll system. Actions such as unit location, Soldier entitlements, personnel and financial actions for deployed Soldiers should be available regardless of the organization. In

2008, the Army will attempt to address the changes with the integration of the Army and the Reserve Component payroll process within the Defense Finance and Accounting System. Up until this time, payroll systems of the different Army Components were entirely separate and mutually inaccessible. The cost for this system will exceed the $1.5 million in debt, but without this investment in the care and welfare of the military families, the Army will fail.[24]

Economic Cost to Society

Beyond the monetary costs for actual funding, there are additional costs associated with the impacts to employers and the American workforce. The loss of productive capacity for Soldiers and contractors killed or seriously wounded in Iraq – has been estimated at $16.9 billion.[25] On top of budgetary costs, these income reduction issues adversely affect the military family and individuals of non-federal agencies who indirectly pay in support of the war. Economists and private insurance companies refer to this as the “value of a statistical life”.[26]

One of the more sensitive discussions regarding dollar amounts supporting the War is centered around the money this Nation expends in a foreign country without a tangible product to view resulting from the investment. For example, the money spent in one day supporting the war in Iraq could support health care for over 420,000 children in the United States. It is inconceivable to contemplate requesting those dollar amounts to support health care for children. Congress is unlikely to authorize a blank check to cover all costs as they did with President Bush at the start of the Global War on Terror. As long as Americans believe the war in Iraq supports its national security interests, they will not support money being spent elsewhere. Should public opinion shift society

would naturally want to see the money better spent supporting other programs and activities.[27]

Budgeting Changes for the War

Department of Defense has taken some steps to adjust the budget process. Discussions are floating through the halls of the Pentagon regarding Peacetime versus Wartime budgeting and how to reduce the amount of Supplemental funding. This would include additions to the Annual Defense Budget. Multiple years of Wartime expenditures will allow Department of Defense some basis to formulate a logical budgetary start point. Supplemental funding for War efforts would then need to compete with other interests within Federal and Defense budgets. The idea that Congress will not continue to support Supplemental Budget requests is forcing the Department of Defense to prepare for the dollar requests in the normal budget cycle.

Veterans Affairs also recognizes the need to adjust the process in which currently budget for the hospital funding. With nearly one Million Reservists and Guardsmen deployed in support of the Global War on Terror, Department of Veterans Affairs has also expanded some of the benefits offered to this group of service members. They have a very extensive program servicing the Reserve Components, who until recently were ineligible for many of the healthcare compensation plans offered to their active counterparts. As a rule the Reserve Component service member, who has returned from a deployment, is now entitled to five years of full medical and dental care at any nearby Veterans Hospital facility. Those with further service related disabilities are afforded care beyond those years based on the needs of the service member. There

are 158 medical centers and more than 850 clinics available for service members who separate from the military.[28]

Recruiting and Retention

More than five years of war in Iraq and Afghanistan have put the all-volunteer Army under tremendous strain. Four out of every ten American Soldiers in Iraq are either a National Guard or Army Reserve. The average length of mobilization is 460 days for those Soldiers. Time at home is supposed to be longer than time at war – two years to one. Instead, deployments are longer than respites – 15 months versus a year - and there is little or no rest and relaxation in combat. Offering Soldiers special incentives to remain in the service, the Army has continued to meet and at times even exceed retention goals. Housing and family services have improved and additional "signing" bonuses have soared for deployed Soldiers. At this moment, the money appears to ease some of the burden and alleviate much of the associated financial stress to encourage Soldiers to continue service, especially in combat zones. This is not always the case and is clearly indicated by retention rates among the "second termers" or those who have served between six and eight years and are at a point of deciding whether to make the military a career. At this critical career junction, the retention rate is below the mark. This is a concern for military leaders who recognize that it takes years to accumulate the experience and training resident in these mid level leaders in order to provide for the younger untrained Soldiers. In short, the Army is struggling to keep the leaders it believes it needs to press two wars and train the expanding force.[29]

The Reserve Component Forces are also aging, and many have left civilian jobs in order to fight. Forty four percent of United States police departments are missing

officers due to Iraqi Freedom deployments alone. This number jumps to forty eight percent when you include all operational deployments. Thirty to forty percent of Reserve Component soldiers earn lower salaries while on deployment. So what motivates them to remain? For many it is the benefits such as retirement or medical care. For others it is the commitment to serve the country and be part of a bigger mission.[30]

The Army is not just fighting a ruthless insurgency in Iraq. It is fighting a rear-guard action against non-combat, guerrilla-like conditions threatening its own viability.[31] There are currently more than 100,000 enlisted Soldiers and officers in the Individual Ready Reserve, representing more than 200 military occupational skills ranging from combat arms to combat-service support specialties. Under a new program called “Individual Warrior”, that number has the potential for reduction to 60,000 ready and available Soldiers.[32] This is a large loss of personnel for the Individual Ready Reserve or “Individual Warrior” programs. The intent of the Ready Reserve force was to supplement the military at a cost less than hiring someone new to the system in a draft. Ready Reserve personnel already had military training and already knew the basic core service information on Army functions. With minimal train up, the Ready Reserve force would reinforce the existing structure in time of war. The loss of this individual pool of Soldiers means we have only those members currently available in the Reserve Component to fulfill the requirements the Active Component cannot fill. The only way to obtain more personnel for rotations for the war fight will be to recruit them from the population, thus needing full training at a much higher cost.

The War Debt

By adding the debt for the war to the United States Foreign debt, we will eventually see a rise in entitlement program costs, such as Social Security and Medicare, making it difficult for the United States to pay for the Global War on Terror costs in the future, even after the Iraq war has ended.[33]

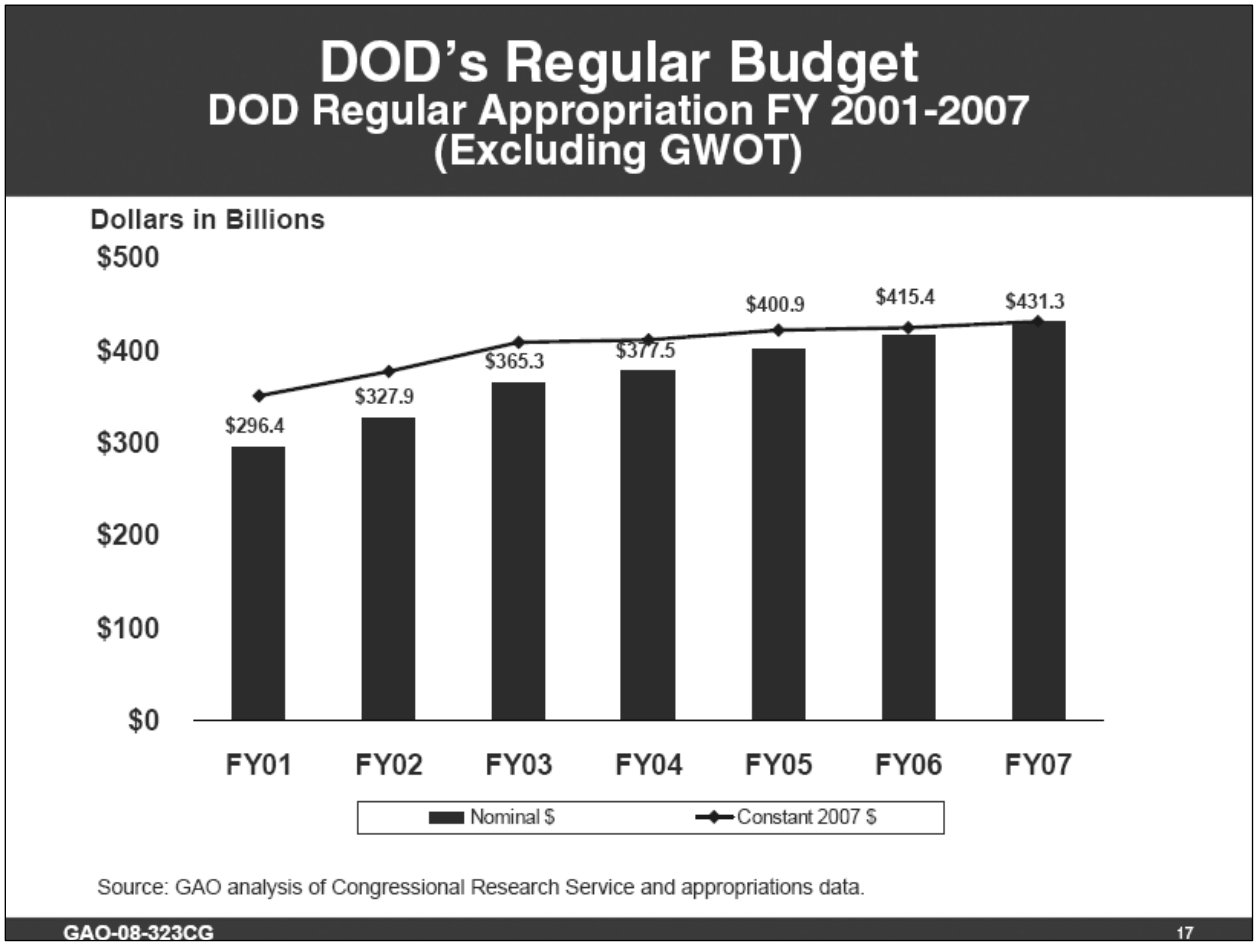

Table 1. GAO analysis of Congressional Research Service and appropriations data.

Table 1 shows the Department of Defense Regular Budget appropriations excluding the amount requested for Global War on Terror. In FY2007, the Department of Defense budget will total over $431.3 billion. Table 2 further shows the approximate amounts added to the budget for Supplemental dollar requests and for Bridge funding, allowing

the Defense Department to function across budget years supporting the Global War on Terror without a decrement to support of the Soldier.

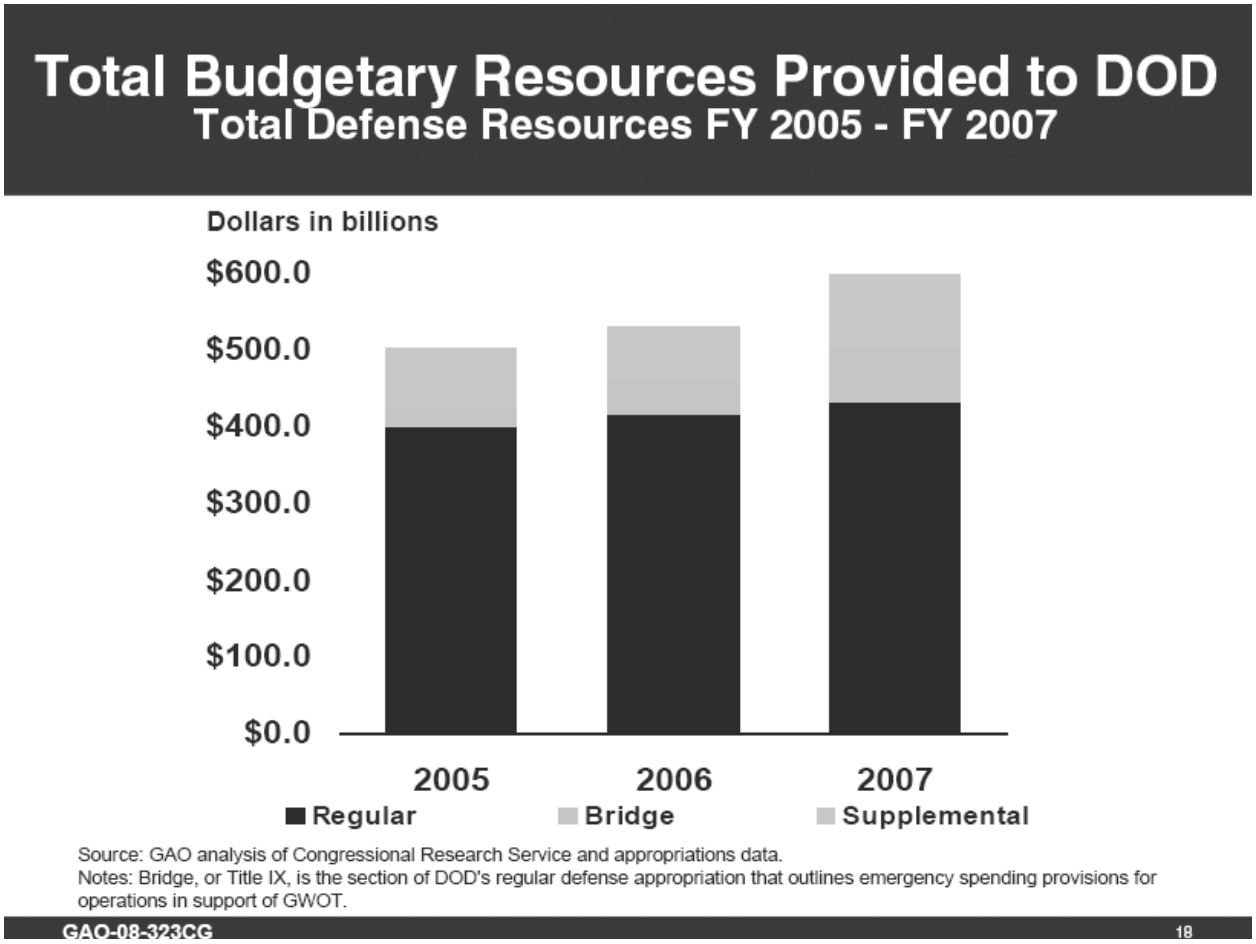

Table 2: Total Budgetary Resources Provided to DOD

The United States Economy is much larger today than it has been for wars in the past, meaning the financial burden on the nation posed by these costs is correspondingly lighter.[34] Congress has approved nearly $700 billion in funding for the wars in Iraq and Afghanistan. The costs of the current Operations in these two theaters have now surpassed the costs of the Vietnam War. Making the Global War on Terror the second costliest conflict in American history, trailing only to World War II.[35]

The war also guarantees some significant future expenses for the Defense Department. Equipment is wearing out faster than the typical life cycle projected. Replacing hardware used in Iraq and otherwise getting the United States military back into its prewar fighting shape could cost the Defense Department over $100 billion.[36] This war, unlike wars of the past, has not been paid on the national sacrifices of the American society. Even if the war were to end in days, the costs would continue to plague taxpayers for several decades.[37]

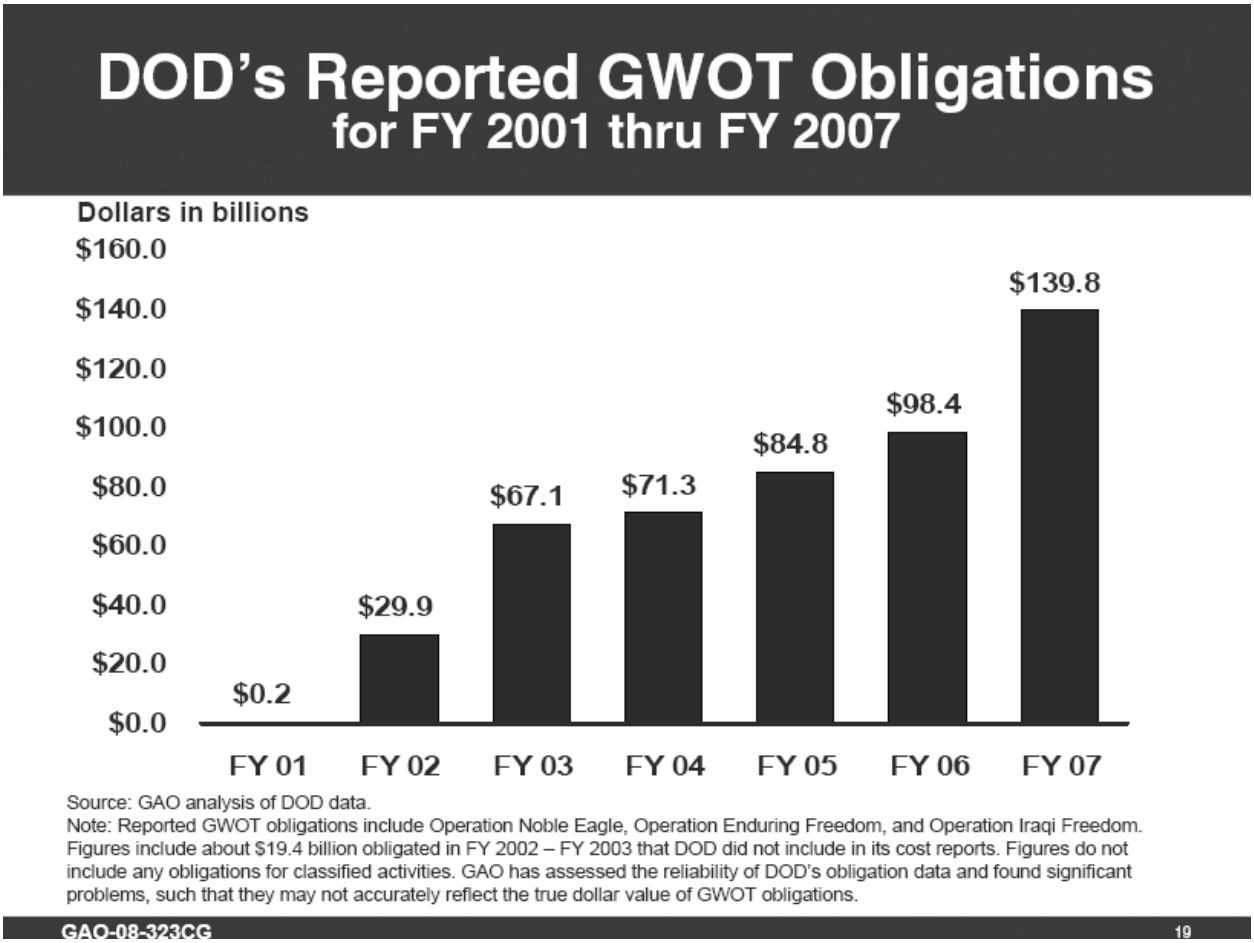

Table 3, DOD's Reported GWOT Obligations.

In August 2005, the Congressional Budget Office estimated that the cost of continuing the wars in Iraq and Afghanistan at current levels would nearly double the

projected federal budget deficit over the next ten years.[38] Table 3 shows the increase in the obligations for the war over the last seven years. Regardless of which of these numbers is used to represent the war's total cost, it looms over costs that under normal conditions appear prohibitive. Currently, the war costs approximately $200 billion a year. In contrast, treating heart disease and diabetes, costs about $50 billion a year. The Annual Budget for the National Cancer Institute is approximately $6 billion. The current numbers associated with the war effort, skew thinking about resources to a marked degree. In the context of the war, $20 billion is minimal. When put into context with domestic activities the standard discussion should take into account activities that could be accomplished with comparable funding. Political and military banter about troop surges directs the focus away from the monetary cost discussion. American citizens should be presented with a more comprehensive picture of the total costs incurred and the impact on federally funded domestic programs. The final choice may force the government into a less popular alternative – a far-less expensive political strategy that includes getting tough with the Iraqi government.[39]

The full costs of this war to our economy manifest themselves in ways that have never been accounted for by the current administration: We are funding the war with borrowed money, Americans are paying more at the gas pump, and it will take years for our military to recover from the damage of the president's war strategy.[40] The long-term financial impact of the war in the United States comes from borrowing money now to pay for expenses. The war is paid on the national credit card and the responsibility to resolve this debt is placed in the hands of this generations' children and their children's

children. Somehow, there must be a way to support current efforts without bankrupting the United States in the process.[41]

Conclusion

The total cost of the wars in Iraq and Afghanistan are more than just numbers in the budget. The total cost includes the drain we have placed on American society in many aspects of the citizens' lives. The rising cost of health care, the physical and emotional strain on Soldiers and families, and the burden passed on to the next generations' economy are all major considerations for the total cost of the war. Congress and the Department of Defense are shifting money to address the short-term problems without acknowledging the long-term impacts of a prolonged war for the United States. Veteran's hospitals costs and patient numbers are increasing with disturbing regularity every year. With more and more veterans approaching the age of 65 in the next ten years, the financial burden on the American society will require either a reduction in benefits or an increase in funding. Neither of which appears possible under current spending and policy habits. The Service Components, already stretched to an all time extreme, will require some additional transformation efforts to provide the current numbers supporting the war to continue. The true cost of this war is much greater than the cost of equipment and supplies to the force. The true cost lies in the American Soldier and the future of the United States Economy. The Federal Government and as a subset, Department of Defense, must acknowledge the second and third order costs of this war in order to address the needs if it is to successfully continue on course protecting the nation. Moving beyond the current operations is the only way the Department of Defense will be able to pay the bill for our future defense.

Recommendation

The Secretary of Defense, the Secretary of Veterans Affairs, and Congress should to team together supporting establishment of a bi-partisan commission to review the growing concern of health care costs for Military Veterans and the second and third order costs for the Wars in Iraq and Afghanistan. The commission should address support for a steady state of health benefits for Military Veterans who have already served their time supporting our country, and provide recommendations for increasing efficiencies in current medical processes. Consideration to improving and creating parity in service provided among components to include updates to antiquated payroll and personnel processing systems. Lastly, suggestions to reduce costs for prescription drugs and medical insurance or those uninsured need further review. Military Veterans have devoted their lives in support of this Nation. Now is the time for the Country's politicians and lawmakers to recognize this fact and offer Veterans the respect, support, and quality of life they were promised.

Endnotes

[1] National Center for Health Statistics, *Health United States 2005,* (Washington D.C.: U.S. Government Printing Office), 70.

[2] Ibid.

[3] Ibid.

[4] Ibid.

[5] Ibid.

[6] Ibid., 71.

[7] "Individual Health Insurance: Are You Ready for a Change?", *Agency for Healthcare Research and Quality, Rockville, MD*, (April 24, 2002), http://www.ahrq.gov/news/ulp/indisurancetele/

[8] Department of Veterans Affairs, *Strategic Plan for Employees*, (Washington, D.C., Office of the Secretary, 2007), 3.

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